

PTO/SB/21

U.S. Department of Commerce
Patent and Trademark Office
PATENT

AMENDMENT TRANSMITTAL FORM

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450Customer No.: 23696
Attorney Docket No.: 000024C1
In Re Application of: Rowitch et al.
Serial Number: 10/651,446
Filed: August 28, 2003
Examiner: Phuong Phu
Group Art Unit: 2611RECEIVED
CENTRAL FAX CENTER

AUG 15 2006

Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.

CLAIMS	(a) Number Remaining After Amendment	(b) Highest Number Previously Paid For	(c) Extra Claims	Large Entity Fee	Fee Paid
Total*	15	37	0	x \$50 =	\$0.00
Independent**	3	7	0	x \$200 =	\$0.00
Multiple Dependent Claim(s): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				\$360	\$0.00
EXTENSION FEES				<input type="checkbox"/> One Month	\$120
				<input type="checkbox"/> Two Months	\$450
				<input type="checkbox"/> Three Months	\$1020
TERMINAL DISCLAIMER				\$130	\$130.00
				TOTAL FEE	\$130.00

*If the number in column a is less than 20, enter 0 in column c.

**If the number in column a is less than 3, enter 0 in column c.

4. ☐ Fee check in the amount of \$_____ is enclosed to pay for any claim and/or extension fees.
5. ☒ Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$130.00.
The Commissioner is hereby authorized to charge payment of any additional fees that may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
6. ☒ The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: August 15, 2006

Signature: Ramin MobarhanRamin Mobarhan, Reg. No. 50,182
(858) 658-2447QUALCOMM Incorporated
Attn: Patent Department
5775 Morehouse Drive
San Diego, California 92121-1714
Telephone: (858) 658-5787
Facsimile: (858) 658-2502

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being:

MAILING

- ☐ deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Depositor's Name: _____
(type or print name)

Date: August 15, 2006

FACSIMILE

- ☒ transmitted by facsimile to the Patent and Trademark Office.

Depositor's Name: Sheryl Schoen
(type or print name)Signature: Sheryl Schoen

(TRANSAMD.VER1.13-04/30/04)

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DUPLICATE

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Depositor's Name: Sheryl Schoen
(type or print name)

Signature:

Sheryl Schoen

(TRANSAMD.VER1.13-04/30/04)

ATTORNEY DOCKET NO. 000024C1
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:) For: METHOD AND APPARATUS FOR
Douglas Neal Rowitch.) DEMODULATING SIGNALS
) PROCESSED IN A TRANSMIT
Serial No. 10/651,446) DIVERSITY MODE
)
Filed: August 28, 2003) Group No. 2611

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AUG 15 2006

AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action of June 8, 2006, please amend the above-identified application as follows:

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being:

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(type or print name)

Date: _____

Signature: _____

FACSIMILE

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(type or print name)

Date: August 15, 2006

Signature: Sheryl Schoen